



33931

PATENT TRADEMARK OFFICE

3765

PATENT

Attorney Docket No.: CSI-2016CP1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAR 25 2003

## CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this paper and the accompanying documents are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on March 21, 2003.

*Harry Macey*

Harry Macey

In re Application of:

Ainsworth, et al.

Serial No.: 09/847,947

Filing Date: May 2, 2001

Title: SELF-CLOSING SURGICAL CLIP  
FOR TISSUE

Examiner: R. Lindsey

Group Art Unit: 3765

## TRANSMITTAL

RECEIVED

Assistant Commissioner for Patents  
Washington, D.C. 20231

MAR 28 2003

TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith are the following:

1. Amendment Fee Transmittal (1 pg)
2. Supplemental Amendment (15 pgs)
3. Supplemental Information Disclosure Statement (3 pgs)
4. Form PTO-1449 (1 pg) and all cited references
5. A check in the amount of \$180.00 to cover the following fees:
  - a. Supplemental Information Disclosure Statement Fee
6. Return Post Card

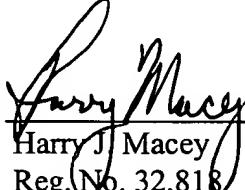
Authorization to charge the \_\_\_\_\_ is provided on the \_\_\_\_\_.

The Commissioner is hereby authorized to charge any fees required by this document to Deposit Account No. 50-1947 referencing Attorney Docket No. \*. A duplicate copy of this sheet is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-1947, referencing Attorney Docket No. CSI-2016CP1.

Respectfully submitted,

Date: March 21, 2003

By:   
Harry J. Macey  
Reg. No. 32,818  
Attorney for Applicant

LAW OFFICE OF HARRY J. MACEY  
1301 Shoreway Road, Suite 121  
Belmont, CA 94002-4106  
Telephone: 650.654.9555  
Facsimile: 650.654.9554



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## FEE TRANSMITTAL FOR CLAIMS AS AMENDED

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

Extra claims fees have been calculated as follows:

|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|---|---|-------|---------------------------------------|------------------|
| TOTAL   | 104                                       | MINUS | 113                                   | = 0              |
| INDEP.  | 7   | MINUS | 7                                     | = 0              |
| [ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |                                       |                  |

## SMALL ENTITY

| RATE                            | ADDIT.<br>FEE |
|---------------------------------|---------------|
| x \$9.00 =                      | \$0           |
| x \$42.00 =                     | \$0           |
| + \$140.00 =                    |               |
|                                 |               |
|                                 |               |
| <b>TOTAL<br/>ADDIT.<br/>FEE</b> | <b>\$0</b>    |

OR

OTHER THAN  
SMALL ENTITY

| RATE         | ADDIT.<br>FEE |
|--------------|---------------|
| x \$18.00 =  | \$*           |
| x \$84.00 =  | \$*           |
| + \$280.00 = |               |
|              |               |
|              |               |
| <b>TOTAL</b> | <b>\$*</b>    |

OR

No fee is due.

A check for \$\* is enclosed, which covers the additional claims fee.

The Commissioner is hereby authorized to charge the additional claims fee of \$\* to Deposit Account No. \*, referencing attorney docket no. \*. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 50-1947, referencing Attorney Docket No. CSI-2016CP1.

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Belmont, California 94002-4106  
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Attorney for Applicant